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# OIL AND GAS CONSERVATION COMMISSION OF THE STATE OF COLORADO

MAY 5 - 1967

COLORADO OIL & GAS CONSERVATION COMMISSION

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water injection</u>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <u>Guest &amp; Moller Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>4726 Jacksboro Hwy, Wichita Falls, Texas 76302</u>		7. UNIT AGREEMENT NAME <u>Luft</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>NE SW SW</u> <u>990fs1</u> At proposed prod. zone <u>Muddy</u> <u>990fw1</u>		8. FARM OR LEASE NAME <u>C. Luft, Jr.</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) <u>4164 GR - 4174 KB</u>	9. WELL NO. <u>4 WI</u>
		10. FIELD AND POOL, OR WILDCAT <u>Luft</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 17, T8N - R53W</u>
		12. COUNTY OR PARISH <u>Logan</u>
		13. STATE <u>Colorado</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Well plugged as specified on our approved abandonment procedure.  
Recovered 3488' 5 1/2" on 6-16-66. Surface marker placed in surface pipe.

*EX Oil Prod.*

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>

18. I hereby certify that the foregoing is true and correct  
SIGNED Robert T. Moore TITLE Partner DATE 5-3-67

(This space for Federal or State office use)

APPROVED BY Dr. Rogers TITLE Director DATE JUN 7 1967

CONDITIONS OF APPROVAL, IF ANY:

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